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ABSTRACT

This study of life satisfaction and competence was part of the Individual and Community Competence Project (Gatz and others, 1976). It included two groups of people, community workers (N=21) and non-workers (N=22), from each of two settings, Model Neighborhoods Areas (MNA) and Central Area (CNA). The MNA is a black area, while the CNA is a white area. All participants were age 50 or older (average age = 62.6). The following measures were administered: (1) a Life Satisfaction Index; (2) a Behavioral Attributes of Psychosocial Competence (BAPC) scale; (3) an Internality-Externality (I-E) Scale; (4) a Trust Scale; and (5) a community survey, assessing familiarity and satisfaction with the community, and perception of its needs. Results indicate that for residents of MNA, life satisfaction is correlated significantly with the BAPC measure of coping style and with internality. Thus, for black residents in a low-resource area, life satisfaction appears highly dependent on an individual's competence characteristics. For residents of CNA, with greater resources, life satisfaction is not related to being more competent. In summary, individual competence is an important factor in person-environment "fit." Life satisfaction by itself is not an adequate criterion for evaluation of programs for the elderly. Competence must also be included. (Author/JLL)

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Life Satisfaction: The Richard Cory Syndrome[1]

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Richard Cory is a poem by Edward Arlington Robinson about a man who is an apparent success in his community who nonetheless goes home one night and puts a bullet through his head.

Life satisfaction is commonly used as an evaluative indicator in assessing programs for the elderly (Wylie, 1970; Smith & Lipman, 1972). A recent Gerontological Society symposium on the topic of measuring morale raised two critical questions: what is it that we are asking older people when we administer a life satisfaction scale (Carp, 1977)? and "ought" older people to be happy (Taylor, 1977)? In this paper, we suggest some answers to these questions.

The study was part of the Individual and Community Competence Project (Gatz, Barbarin, Tyler, Crawford, Engleman, Moran, Wirzbicki, Mitchell & Hurley, 1976). It included two groups of people, community workers (N=21) and non-workers (N=22), from each of two settings, Model Neighborhoods Areas (MNA) and Central Area (CNA). Community workers were active, involved residents identified by their peers and hired by the project. Their role was to educate other residents about the community's resources and to teach and model an active approach to solving individual and community problems.

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All participants were aged 50 or older (average age = 62.6), and there were no significant age differences between groups or areas. The MNA is an almost entirely black area of the county; the CNA is a 90% white area of the county of comparable socioeconomic status.

The measures used in the study were (1) the Neugarten, Havighurst and Tobin (1961) Life Satisfaction Index A; (2) a measure of an active, problem solving coping style, the Tyler (1975) Behavioral Attributes of Psychosocial Competence (BAPC) scale; (3) the Rotter (1966) I-E Scale; (4) the Rotter (1967) Trust Scale; and (5) a community survey designed by Barbarin, Hurley, and Mitchell (1976).[2] The survey assesses people's knowledge of their community's resources, their satisfaction with their community, and their perception of the community's needs.

We had expected that both life satisfaction and competence would be higher among workers than among non-workers, and that the survey would corroborate prevailing sentiment that MNA is an underserved area. As predicted, we found that residents of MNA--both workers and non-workers--as compared to residents of CNA--reported fewer community strengths ($F=9.03$, $df=1, 28$, $MS_e=.69$, $p<.01$), saw fewer available alternatives for solving community problems ($F=18.27$, $df=1, 26$, $MS_e=4.48$, $p<.001$), and viewed their communities as having more serious community needs, from road maintenance to juvenile delinquency to adult health services ($F=18.30$, $df=1, 29$, $MS_e=9637.61$,

[2]The survey, the theory of community competence on which it was based, and community patterns identified by use of the survey were presented at a Division 27 symposium on August 26 by Mitchell, Barbarin, Crawford, and Hurley.

$p < .001$). However, contrary to our expectation that workers would be higher in ls than nonworkers, we found area to be the more salient variable. Life satisfaction was significantly lower among people residing in MNA than among residents of CNA ($F=4.90$, $df=1, 39$, $MS=9.82$, $p < .05$). Further, within each area the nonworkers were more--not less--satisfied than the workers; and ls was especially low among the MNA workers. It is reasonable that black residents in a more resource-poor area might express less satisfaction with their lives. What interested us was that it was the community workers in MNA--successful, actively involved individuals, the people who were most knowledgeable about community resources and allocation--who expressed the most dissatisfaction.

The results with the individual competence measures suggest a way of understanding this Richard Cory-like phenomenon. On the BAPC measure of coping style, in MNA both the workers and the non-workers were high on competence. Only in CNA did the hypothesis hold that the workers were more competent than the non-workers ($t=2.13$, $df=17$, $p < .05$). Thus, the more dissatisfied residents were in fact high on measures of coping, and the most satisfied were lowest on coping. Apparently a more passive coping style is an option only for white elderly or only when the community's resources are adequate.

More important than score levels, however, was the relationship of life satisfaction to these other measures. <u>For residents of MNA, life satisfaction correlated significantly with the BAPC measure of coping style and with internality</u>. Thus, for black residents in a low resource area, life satisfaction apparently is highly

Mean Scores on Measures

	MNA Workers			MNA Non-Workers			CNA Workers			CNA Non-Workers		
	N	$\bar{X}$	SD	N	$\bar{X}$	SD	N	$\bar{X}$	SD	N	$\bar{X}$	SD
LS	10	11.2	3.4	14	13.0	3.4	11	13.6	3.0	8	14.9	2.2
BAPC	9	33.1	6.0	14	32.4	7.4	11	34.6	6.8	8	28.0	6.6
I-E	10	9.7	3.7	14	11.9	4.5	11	8.6	3.2	8	10.0	3.3
TR	9	68.1	8.9	14	64.0	9.1	11	68.1	10.8	8	71.0	8.6
NOST	8	1.3	0.7	9	1.0	0.0	7	2.1	1.4	8	1.9	0.8
NONEED	8	2.8	0.7	10	2.6	1.2	7	2.7	1.4	8	2.2	0.9
NEEDS	8	5.1	1.2	10	5.3	0.9	7	4.0	1.0	8	3.6	0.8
NOINFO	8	2.8	0.7	10	3.0	1.4	7	3.4	1.6	8	3.5	1.1
NOPPS	8	3.1	1.6	10	2.7	1.5	7	2.7	1.6	8	3.8	1.2
NOALT	7	6.4	2.4	9	5.1	0.9	7	9.0	2.7	7	9.0	2.3

Correlations of Measures With Life Satisfaction

	MNA (N=23)			CNA (N=19)		
	BAPC	I-E	TR	BAPC	I-E	TR
LS	.53**	-.42*	.34	.09	-.35	-.02
BAPC		-.46*	.22		-.53*	-.00
I-E			-.27			-.21

MNA = Model Neighborhoods Area
CNA = Central Area
LS = Life Satisfaction (Neugarten, Havighurst & Tobin)
BAPC = Behavioral Attributes of Psychosocial Competence (Tyler)
TR = Trust (Rotter)
Community survey variables (Barbarin, Hurley & Mitchell):
NOST = number of community strengths
NONEED = number of community needs
NEEDS = average rating of seriousness of community needs
NOINFO = number of sources of information (e.g., friends, newspapers, TV)
NOPPS = number of powerful persons could go to in the community
NOALT = number of alternatives generated to solve community problems

dependent on an individual's competence characteristics. For residents of CNA, with greater resources, an individual's life satisfaction was not related to being more competent.

In summary, this study points to the importance of including individual competence as a factor in person-environment "fit." The results are generally supportive of an environmental press-competence model (Lawton & Nahemow, 1973) or of an integrated needs-press-competence formulation (Wirzbicki, Smith, Bobko, & Gatz, 1977). Life satisfaction by itself is not an adequate criterion for use in evaluating the success of programs for the elderly. We need also to include competence. Furthermore, it seems reasonable to assume that it is fairly clear to respondents what a life satisfaction questionnaire is "after;" therefore, their scores will to a large extent represent whatever picture of satisfaction which they choose to present. People who are experiencing relatively few needs will answer the life satisfaction scale in terms of how they see conditions. People who live in more difficult circumstances, especially those who are most attuned to their community's needs, will respond to the scale both in terms of level of need and in terms of how well they are coping.